



Declaration for Nomination and Oath of Candidacy

FOR FILING
OFFICE ONLY

APR 23 2021
Filed this _____ day of _____, 20____
Document # _____
Fee paid: ☒ cash ☐ check ☐ credit
By: [Signature]
Deputy or Filing Officer 23

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Billings City Council, Ward 2 ☐ _____ OR ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Jennifer Owen

Mailing Address 906 Royal Ave. City and State Billings, MT Zip Code 59105

Residence Address 906 Royal Ave City and State Billings, MT Zip Code 59105

County of Residence Yellowstone Contact Phone 406-272-2129 Email Address owenforbillingsward2@gmail.com Website Address _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____
Mailing Address: _____ Residence Address: _____
Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☒ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 72 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

[Signature]
Signature of Candidate

4/22/21
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Yellowstone

Signed and sworn to before me this 22nd day of April, 2021 by Jennifer Owen
Printed Name of Candidate

[Signature]
Signature of Notary or Public Official

Barbara Cox
Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____

**Where to file Federal, Statewide,
State District and Legislative offices:**

Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

**Where to file County, City and most
Local District offices:**

County Election Office
A list of county election offices may be
found at: sosmt.gov/elections

